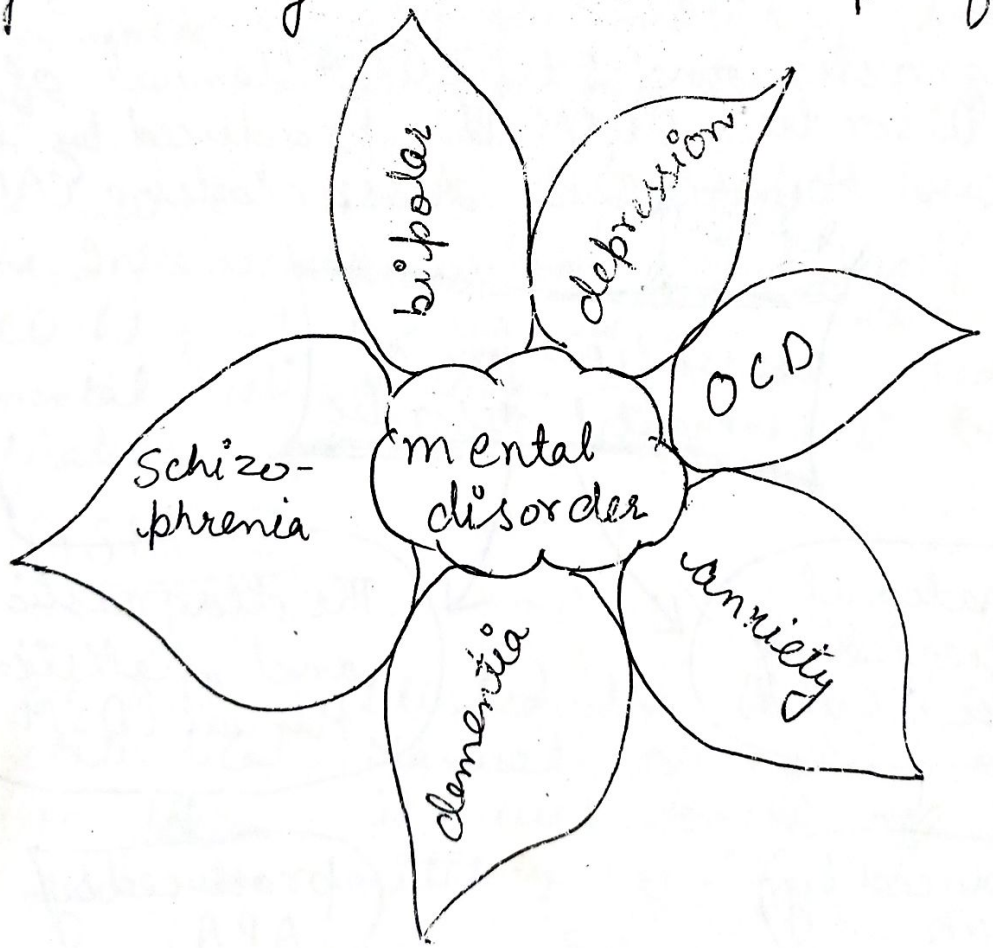
CLASSIFICATION OF MENTAL DISORDERS

A mental disorder, also called a mental illness or psychiatric disorder, is a behavioral or mental pattern that causes significant distress or impairment of personal functioning. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders. Such disorders may be diagnosed by mental health professional.

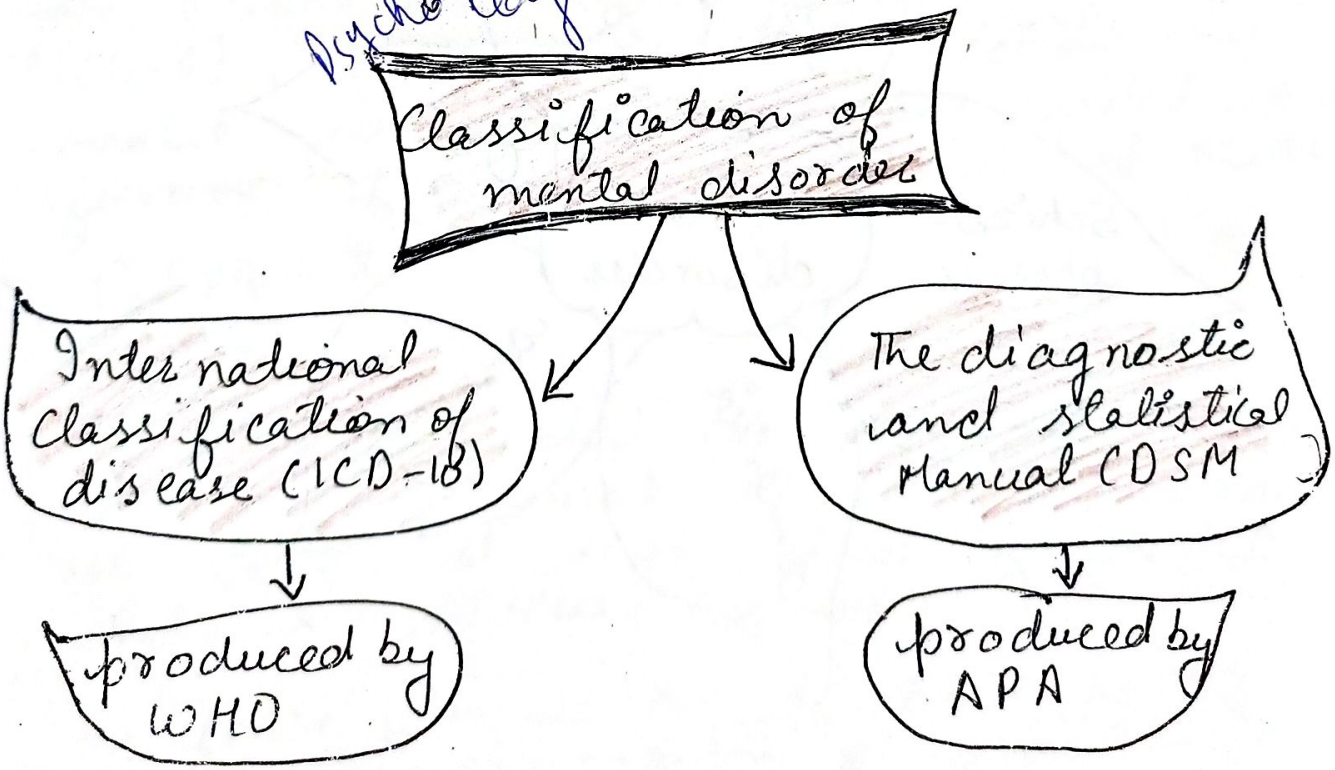


SHOUT
SHARE
IT

⇒ Classification of mental disorders

The classification of mental disorders is also known as psychiatric nosology or psychiatric taxonomy. It represents a key aspect of psychiatry and other mental health professions and is an important issue for people who may be diagnosed. There are currently two widely established systems for classifying mental disorders:

- International Classification of Diseases (ICD-10) produced by the World Health Organisation (WHO)
- The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) produced by the American Psychiatric Association (APA)



⇒ DIAGNOSTIC AND STATISTICAL MANUAL (DSM)

• History of DSM

→ In 1918, the American Medico - Psychological Association (presently the American Psychological Association or APA) issued the Statistical Manual for use of institutions for the insane. It did not catch on.

→ In 1928, the American Psychiatric Association issued another edition but it was too narrowly focused. It looked primarily at neuroses and psychoses. (loss of contact with reality)

→ By world war II, the military had its own nomenclature system

→ The world Health organisation (WHO) issued the International classification of Disease-6 (ICD-6), it contained a section on mental disorders but it needed modification for use in the United States.

⇝ DSM - I

- The APA published the Diagnostic and statistical Manual of Mental Disorder in 1952, it was based of the ICD-6 and the military system.
- The first DSM contained about 60 disorder based on theoritical of abnormal psychology and psychopathology and was

130 pages long, term neurosis and reaction are used.

- Problems: DSM was criticized for its reliability and validity. The major limitation of the DSM was that the concept had not been scientifically tested. Also, all of the disorders listed were considered to be reactions to events occurring in an individual's environment.

Another problem was that there really was no distinction between abnormal and normal behaviour. Despite this, it gained acceptance.

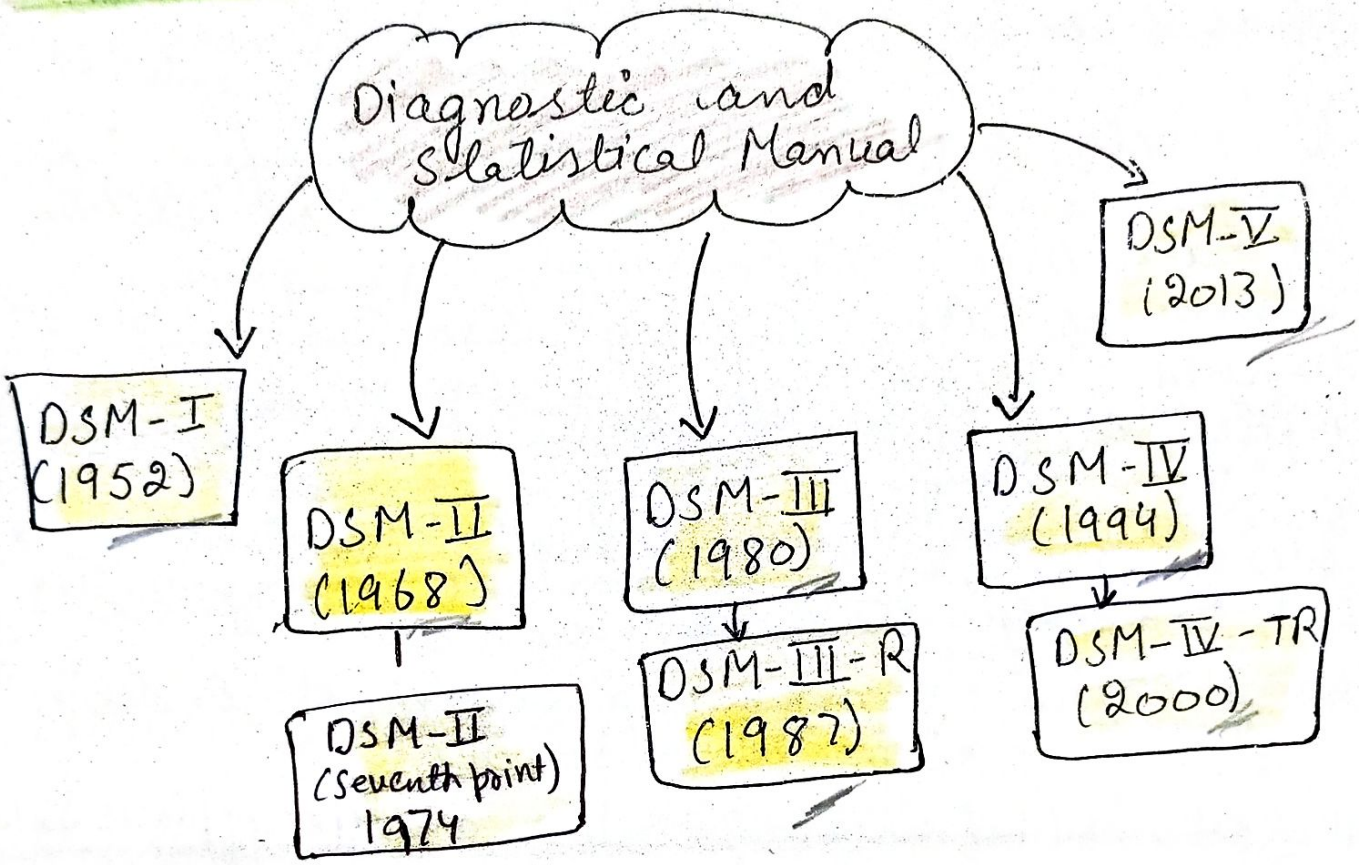
DSM-II

- The DSM-II was published in 1968 but still had criticism over its validity and reliability. Changes in the DSM-II included eleven major diagnoses for categories, with 185 total diagnoses for mental disorders. Additionally increased attention was given to children and adolescent in the DSM-II.

  For example - the diagnostic category of behavior disorder of childhood - Adolescence was presented for the first time.

- It was 134 pages long and quite similar to DSM-I, the term reaction is removed.

- Based on the concept of psychodynamic, also include biological perspective eg imbalance in neurons, genetic factor.
- In 1974, the seventh printing of the DSM-II no longer listed homosexuality as a disorder!



⇝ DSM-III

- The DSM-III was published in 1980. This dramatically changed the field of psychology.
- The five part multiaxial diagnostic system still used today, first appeared in DSM-III
- DSM-III provided specific diagnostic criteria for 265 diagnoses.
- It was 494 pages long.

Describe criteria of every disorder. and more information available.

- Dr. Robert L. Spitzer was appointed to lead the changes to the DSM in 1974. He was largely involved in creating the discrete diagnostic categories of the DSM-III, as opposed to a dimensional mode of diagnosis

- As with the DSM-II, many significant changes were made in the third edition of the DSM. For example. previously many of the anxiety disorders were lumped together as one diagnosis of Anxiety Neurosis.

- The DSM-III broke that broad diagnosis down to include many differ-nt anxiety disorders such as
  - generalized anxiety disorder (GAD)
  - panic disorder,
  - agoraphobia and (Fear of places & Situation
  - Social phobia.

fear of crowded places.

In fact the term 'neurosis' was removed from the DSM-III altogether. Furthermore, social issues came into play with the development of the DSM-III Racism was considered as a mental disorder to be added, but after much deliberation & research was not included. Post-traumatic stress disorder was added to the DSM at this time. Also, the DSM-II category of "sexual orientation disturbance" was changed to "ego-dystonic homosexuality".

DSM-III-R (1987)

- The revision for DSM-III was published in 1987
- DSM-III-R provided diagnostic criteria for 292 diagnoses.

  It was 567 pages long.

  Categories were removed and reorganized

DSM-IV (1994)

- The DSM-IV was published in 1994. The edition was more research based as far as criterian and diagnoses are concerned.
- Provide diagnostic criteria for ~~365~~ 410 diagnoses
- Neurosis as a term is no longer in existance
- Mental disorders included
  - DSM II = 185 disorders
  - DSM III = 265 disorders
  - DSM III-R = 292 disorders
  - DSM IV = 297 disorders.

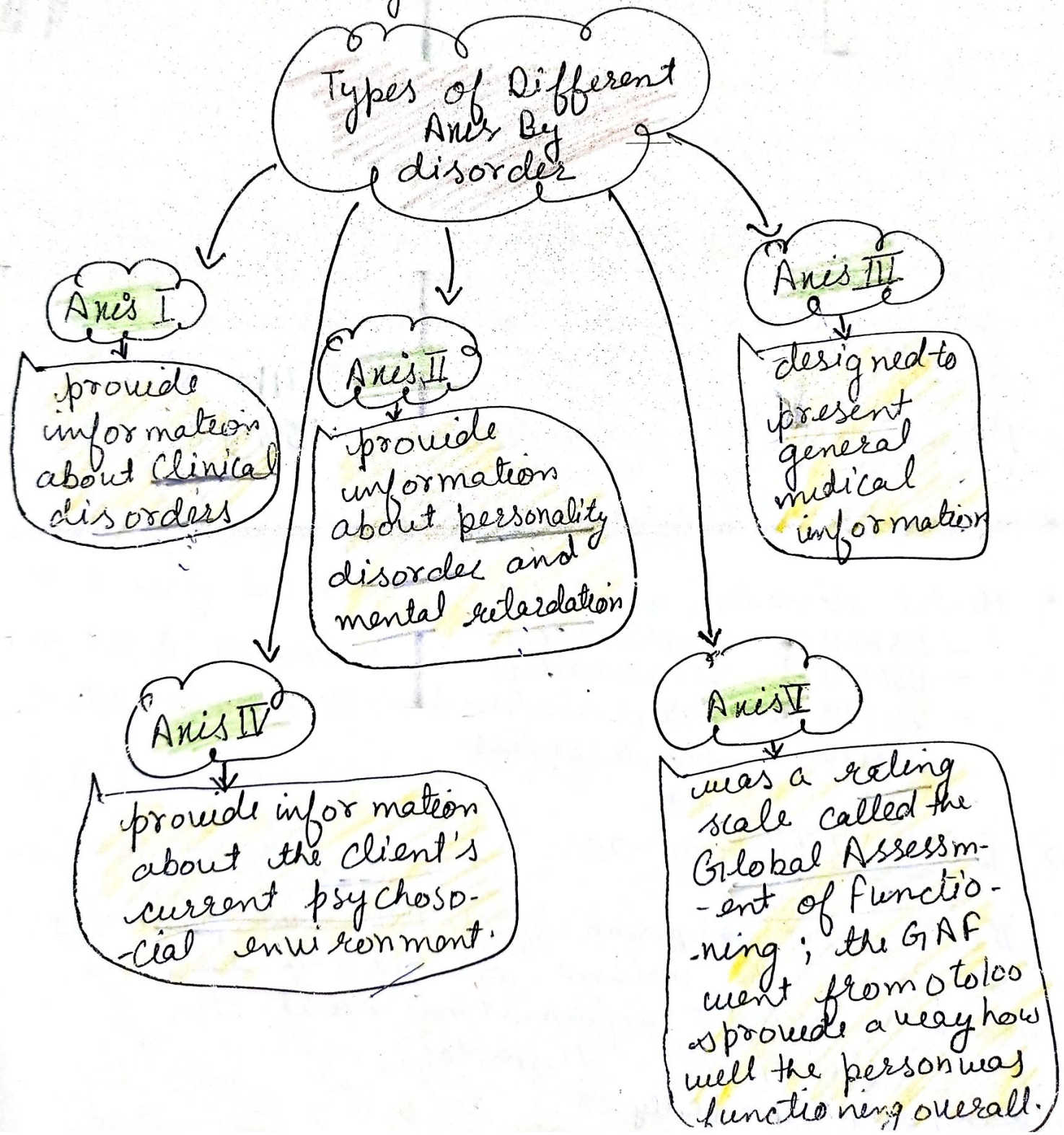
DSM-IV TR, 2000

- The newest revision of the DSM was published in 2000. The volume is heavily research based & includes information about the etiologies of the disorder.

  Cause, origin specifically.

⇝ DSM-IV: Multi-Axial Classification System

A diagnosis under the fourth edition of this manual, which was often referred to as simply the DSM-IV, had five parts, called axes. Each axis of this multi-axial system gave a different type of information about the diagnosis.


Types of Different Axis By disorder
Axis I
provide information about Clinical disorders
Axis II
provide information about personality disorder and mental retardation
Axis III
designed to present general medical information
Axis IV
provide information about the client's current psychosocial environment.
Axis V
was a rating scale called the Global Assessment of Functioning; the GAF went from 0 to 100 provide a way how well the person was functioning overall.

7) Axis I provide information about clinical disorders. Any mental health condition, other than personality disorders or mental retardation, would have been included here. Disorders which would have fallen under this axis include:

→ Disorders Usually Diagnosed in Infancy, childhood or Adolescence.

→ Delirium, Dementia and Amnestic and other cognitive Disorders

→ Mental Disorders Due to a General Medical condition

→ Substance related Disorders

→ Schizophrenia and other Psychotic Disorders.

→ Mood Disorder

→ Anxiety Disorder

→ Sleep Disorder

→ Adjustment Disorder

→ Dissociative Disorder

→ Other conditions that May be a focus of Clinical Attention

• Axis II provided information about personality disorders and mental retardation. Disorders which would have fallen under this axis include.

→ Paranoid Personality Disorder
→ Schizoid Personality Disorder
→ Schizotypal Personality Disorder
} Type A

→ Antisocial Personality Disorder
→ Borderline Personality Disorder
→ Histrionic Personality Disorder
→ Narcissistic Personality Disorder
} Type B

→ Avoident Personality Disorder
→ Dependent Personality Disorder
→ Obsessive - Compulsive Disorder
} Type C

→ Mental Retardation

• Axis III provide information about any medical conditions that were present which might impact the patient's mental disorder or its management.

• Axis IV was used to describe psychosocial and environmental factors affecting the person. Factors which might have been included here were.

→ Problems with a primary support group.
→ Problems related to the social environment.
→ Educational problems
→ Occupational problems
→ Housing problems
→ Problems with access to health care services

→ Problems related to interaction with the legal system/crime.

→ Other psychosocial and environmental problems.

→ Axis V was a rating scale called the Global Assessment of Functioning; the GAF went from 0 to 100 and provide a way to summarize in a single number just how well the person was functioning overall.

When the fifth edition, the DSM-5, was compiled, it was determined that there was no scientific basis for dividing the disorders in this manner, so the multi-axial system was done away with. Instead, the new non-axial diagnoses combines the former Axes I, II and III and include separate notations for the type of information which would have previously fallen into Axes IV and V

Diagnostic & Statistical Manual (DSM)

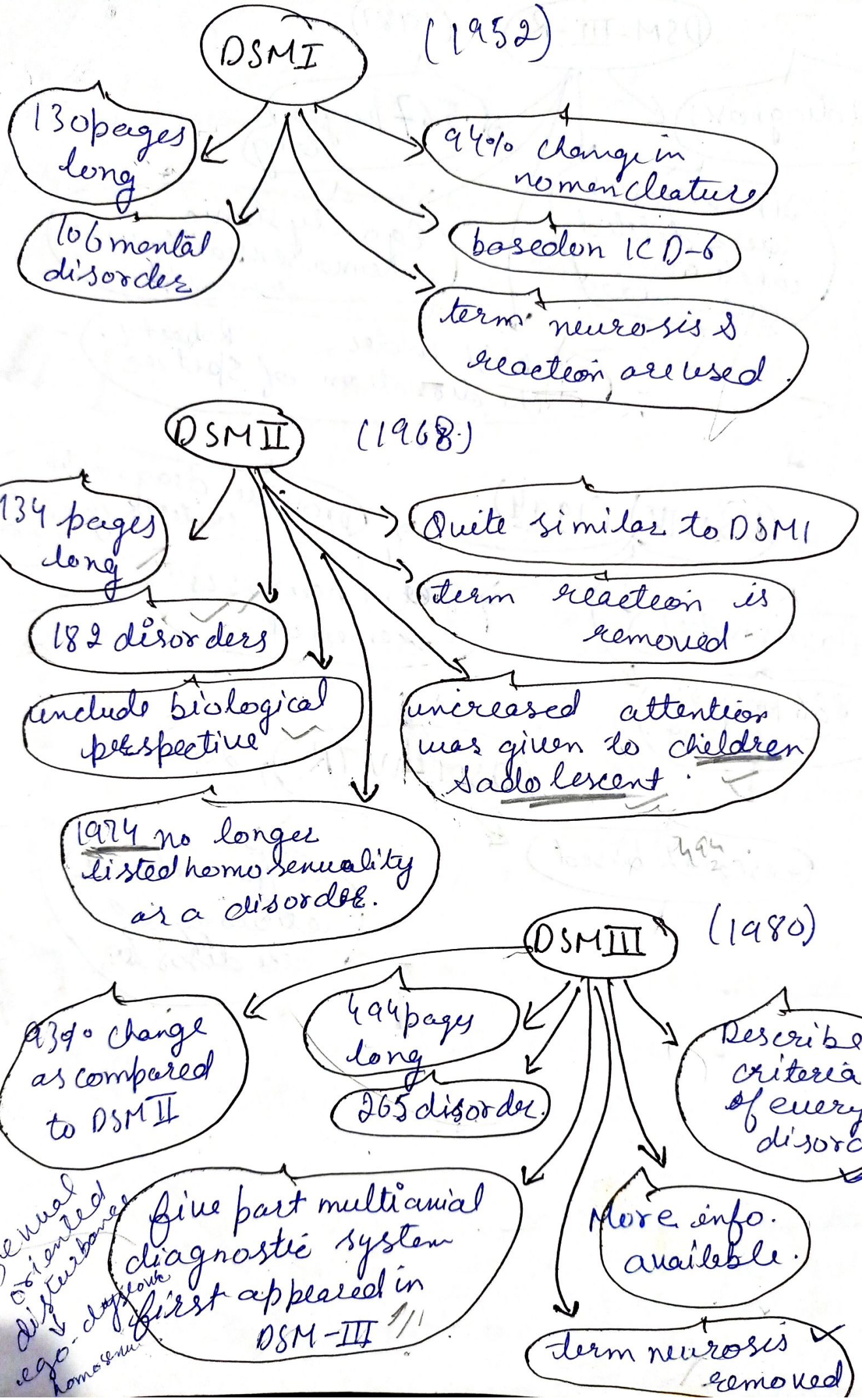
- Term neurosis & reaction used → DSM-I
- term reaction is removed
- listed homosexuality as a disorder → DSM-II
- Describe criteria for every disorder
- term neuroses removed.
- sexual oriended disturbance to ego dystonic homosexuality → DSM-III
- ego dystonic homosexuality was removed → DSM-III-R
- Research based
- info. about etiology of the disorder
- Multi Axial Classification System. → DSM-IV TR (2000)

✱ Notable Changes b/w The DSM IV & DSM 5

- Substance use disorder criterion of legal problem from DSM-IV was dropped in favor of craving or a strong desire or urge to use a substance in DSM 5
- DSM 5 publish in (2013) (new version)
- Substance abuse – DSM IV – only one symptom (diagnosis)
  DSM-5 – 2 or more symptom
- Change in Multi Axis
  Axis I, Axis II, Axis III → one group
  Axis IV, Axis V → another

✱ DSM-5

1. Modification of Artifical Categorization
2. Autism Spectrum.
3. Elimination of childhood Bipolar disorder & replaced it with Disruptive Mood Dysregulation Disorder (DMDD)
4. Revision of ADHD diagnosis
5. Increase detail on PTSD symptoms
6. Reclassification of Dementia
7. Intellectual diability (DSM IV – mental retardation)


DSM I (1952)
130 pages long
106 mental disorders
94% change in nomenclature
based on ICD-6
term neurosis & reaction are used.
DSM II (1968)
134 pages long
182 disorders
include biological perspective
Quite similar to DSM I
term reaction is removed
increased attention was given to children & adolescent.
1974 no longer listed homosexuality as a disorder.
DSM III (1980)
494 pages long
265 disorder
93% change as compared to DSM II
Describe criteria of every disorder.
More info. available.
five part multiaxial diagnostic system first appeared in DSM-III
term neurosis removed
sexual orientation disturbance
ego-dystonic homosexuality

DSM-III-R (1987)

292 diagnoses

Six Categories were deleted while other were added.

567 pages long.

Ego-dystonic homosexuality was removed.

Publish under the direction of Robert L. Spitzer

DSM IV (1994)

410 disorders

886 pages long.

Term neurosis removed.

provide diagnostic criteria for 365 disorder

DSM-IV TR, 2000

research based

info. about etiology of the disorder